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Legal Innovators

DATE: March 24, 2005
 CLIENT NO.: V9661.0019

MESSAGE TO: Examiner K.R. Coulter (Group Art Unit: 2141)COMPANY: United States Patent and Trademark OfficeFAX NUMBER: (703) 872-9306

PHONE: _____

FROM: Ms. Hua GaoPHONE: (212) 835-1487PAGES (Including Cover Sheet): 12 HARD COPY TO FOLLOW: YES NO

SENT BY:		DATE/TIME:	
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MESSAGE:

Re: U.S. Patent Application No.: 09/877,744
 Filed: June 8, 2001
 Inventors: On-Kwok Victor Li et al.
 Title: SELF-ROUTING ADDRESS ASSIGNMENT
 IN PACKET-SWITCHED NETWORKS

Dear Examiner Coulter:

Attached please find the following documents:

- Amendment Under 37 C.F.R. § 1.111;
- Transmittal Form;
- Fee Transmittal;
- Petition for Extension of Time Under 37 CFR 1.136(a); and
- Credit Card Payment Form.

Respectfully submitted,

Ms. Hua Gao

 Enclosures

c: Charles E. Miller, Esq.

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By Fax: (703) 872-9306

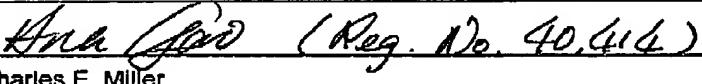
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/877,744-Conf. #5203
		Filing Date June 8, 2001
		First Named Inventor On-Kwok V. Li
		Art Unit 2141
		Examiner Name K.R. Coulter
Total Number of Pages in This Submission		Attorney Docket Number V9661.0019

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Credit Card Payment Form <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		
Signature			
Printed name	Charles E. Miller		
Date	March 24, 2005	Reg. No.	24,576

Certificate of Facsimile Transmission	
I hereby certify that this correspondence is being faxed to the Commissioner for Patents of United States Patent and Trademark Office at the facsimile number (703) 872-9306 on the date shown below.	
Dated: <u>March 24, 2006</u>	Signature:  Charles E. Miller

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	510.00
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Complete if Known	
Application Number	09/877,744-Conf.#5203
Patent Date	June 8, 2001
First Named Inventor	On-Kwok V. Li
Examiner Name	K.R. Coulter
Art Unit	2141
Attorney Docket No.	V9661.0019

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 50-2215		Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=	
- 3 =	x	=	

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 =	/50 (round up to a whole number) x	=	

4. OTHER FEE(S)

Three Month Extension of Time \$510.00

SUBMITTED BY

Signature	 (40-410)	Registration No. (Attorney/Agent)	24,576	Telephone	(212) 835-1430
Name (Print/Type)	Charles E. Miller			Date	March 24, 2005

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